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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 金华金义新区（金东区）选聘国有企业领导人员报名登记表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| 应聘职位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 请贴一寸  近期彩照 | | | | |
| 姓名 | |  | 性别 | | | |  | | | | 出生  年月  （岁） | | | | | | | |  | | | | | | | |
| 民族 | |  | 籍贯 | | | |  | | | | 出生地 | | | | | | | |  | | | | | | | |
| 何时入  何党派 | |  | 参加工作时间 | | | |  | | | | 健康状况 | | | | | | | |  | | | | | | | | | | | | |
| 身份证号码 | | | |  | |  |  |  | |  | |  |  | | |  |  | | |  |  |  | | |  |  | |  |  |  |  |
| 专业技术职务任职资格或职（执）业资格 | | |  | | | | | | | | 有何专长 | | | | | | | | | | | |  | | | | | | | | |
| 学历学位 | | 全日制教育 |  | | | | 毕业院校  及专业 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 在职教育 |  | | | | 毕业院校  及专业 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 现工作单位及职务 | | |  | | | | | | | | | | | | 现主管工作 | | | | | | | | |  | | | | | | | |
| 固定电话 | |  | 移动电话 | | | | | |  | | | | | | | | | | | 电子邮箱 | | | | | | |  | | | | |
| 现  工作单位性质 | （）私营企业  （）国有企业  （）党政机关  （）事业单位 | | 任职企业有关信息 | | 注册名称 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 所属行业 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 2022年主营业收入  （万元） | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 上年度从业人数 | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 近三年考核情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 简  历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要工作业绩  及奖惩情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自  我  评  价 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人  承诺 | | | 本人愿对以上信息的真实性承诺，并承担相应的责任。  本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |